Annex H.1: Checklist of Essential Health Services for Coronary Artery Bypass Graft (CABG) Surgery

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PhilHealthOfficial teamphilhealth

Case No. _____

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Suffix, Middle Name	SEX ☐ Male ☐ Female
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	
B. MEMBER	☐ Same as patient (Answer the following only if the patient is a dependent) 1. Last Name, First Name, Suffix, Middle Name	
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	

Checklist of Essential Health Services for CABG Surgery Standard Risk and Expanded Risk

Place a (✓) in the appropriate tick box if the service is done or given.

Essential Health Services	
Mandatory Services	**As needed / As indicated**
Laboratory and Diagnostic Tests	
☐ CBC with platelet	
☐ Blood typing	
☐ Prothrombin time	
☐ Activated partial thromboplastin time	
Electrolytes:	
☐ Sodium (Na)	
☐ Potassium (K)	
☐ Ionized Calcium (iCa)	
☐ Magnesium (Mg)	
☐ Chloride	
☐ BUN	
☐ Creatinine	
☐ Albumin	
	☐ SGPT
	☐ SGOT
☐ Urinalysis	
☐ FBS	
☐ Chest X-ray (PA Lateral)	
☐ 12 lead ECG	

Essential Health Services	
Mandatory Services	**As needed / As indicated**
☐ Arterial blood gas (ABG)	
☐ CBG monitoring	
	☐ 2D echo with doppler
☐ Arterial duplex scan*	
	☐ Chest CT scan*
Treatment	
☐ Incentive spirometry	
☐ Blood products screening	
☐ Mechanical ventilator use	
	☐ Nebulization
	☐ Intra-aortic balloon pump*
	☐ Renal replacement therapy (hemodialysis)*
	☐ Temporary pacemaker*
Drugs/ Medicines	
	Tick appropriate boxes if not given
Antiplatelet ☐ Aspirin OR ☐ Clopidogrel	☐ Contraindicated ☐ Will cause adverse reaction
☐ Statin Specify: _____	☐ Contraindicated ☐ Will cause adverse reaction
☐ Antimicrobials Prophylaxis Specify:_____	☐ Contraindicated ☐ Will cause adverse reaction
	☐ Beta-blockers Specify:_____
	☐ ACE inhibitors or ARB Specify:_____
	☐ Sedation/pain Specify:_____
	☐ Antimicrobials Specify:_____
	☐ Gastrointestinal medications Specify:_____
	☐ Pulmonary medications Specify:_____
	☐ Hemodynamic support Specify:_____
	☐ Electrolytes Specify:_____
☐ Calcium channel blockers Specify:_____	☐ Contraindicated ☐ Will cause adverse reaction
	☐ Digoxin
☐ Heparin* Specify:_____	

Essential Health Services	
Mandatory Services	**As needed / As indicated**
Procedures	
☐ Open heart (CABG) surgery (inclusive of perfusion and anesthesia)	
☐ Immediate postoperative care at surgical ICU	
	☐ Use of Catheter Laboratory* (for IABP insertion)
	☐ Other specialty services as needed, such as pulmonology, nephrology, neurology, infectious disease, etc.

*CABG Surgery - expanded risk

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Cardiologist	(Printed name and signature) Attending Cardiovascular Surgeon
PhilHealth Accreditation No.	PhilHealth Accreditation No.
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Certified correct by:	Certified correct by:
(Printed name and signature) Anesthesiologist	(Printed name and signature) Authorized Blood Bank Staff
PhilHealth Accreditation No.	PRC License No.
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Conforme by:
(Printed name and signature) Patient/Guardian
Date signed (mm/dd/yyyy)